



MONTGOMERY COUNTY FIRE AND RESCUE SERVICE  
MONTGOMERY COUNTY, MD.

**COMMAND OFFICER BENCHMARKS**

Version 3.0 (12/05)

DATE \_\_\_\_\_ LOCATION \_\_\_\_\_

TIME \_\_\_\_\_ COMMAND OFFICER \_\_\_\_\_

EVALUATOR \_\_\_\_\_ NATURE OF INCIDENT \_\_\_\_\_ INCIDENT# \_\_\_\_\_

- |   |     |    |    |
|---|-----|----|----|
| • Established or transfer of command, properly identified Level 2 command at a stationary command post via radio      | YES | NO | NA |
| • Announce location of command post   | YES | NO | NA |
| • Used Tactical Work Sheet  | YES | NO | NA |
| • Used Maps, Site Plan, Pre-Plans   | YES | NO | NA |
| • Verified the status and location of all units operating on the fire-ground  | YES | NO | NA |
| • Verified Stand-by team in place   | YES | NO | NA |
| • Assigned a Safety Officer   | YES | NO | NA |
| • Established a Rapid Intervention Group  | YES | NO | NA |
| • Developed Incident Action Plan (ie. Offensive, Defensive, Other) and announced via radio                            | YES | NO | NA |
| • Requested appropriate additional resources and given tasks or staged properly                                       | YES | NO | NA |
| • Established appropriate Groups/Divisions to support & supervise critical tactical positions and in a timely fashion | YES | NO | NA |
| 1. Maintained accountability of those Groups/Divisions  | YES | NO | NA |
| 2. Ensured units knew what Group/Division they were assigned  | YES | NO | NA |
| 3. Ensured Group/Division supervisors knew what units were assigned to them   | YES | NO | NA |
| 4. Ensured Group/Division/Branch provide progress report  | YES | NO | NA |
| • Observed crew members with proper PPE, SCBA, light, and assigned tools  | YES | NO | NA |
| • All aspects of appropriate S.O.P.(s) followed   | YES | NO | NA |
| • Took necessary action to terminate any improper tactic or deviation from SOP or assigned objectives when necessary  | YES | NO | NA |
| • Maintained unit accountability throughout incident (ie. PAR)  | YES | NO | NA |
| • Maintained a sense of duration of the incident in relation to fire volume and type of building construction         | YES | NO | NA |
| • Supervised radio traffic  | YES | NO | NA |
| • Use of other talk groups  | YES | NO | NA |
| • Command vests used  | YES | NO | NA |
| • Coordinated fire attack   | YES | NO | NA |
| • Primary and Secondary searches completed  | YES | NO | NA |
| • Extension of fire spread controlled   | YES | NO | NA |
| • Coordinated ventilation   | YES | NO | NA |

In any case where a "NO" was marked above, please comment on the problem involved, and what corrective action you took below or on the back: